


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90203 018 ****50.00

DOCUMENT # L01000004149					
1. Entity Name IMMUNE AWARENESS ASSOCIATES, LLC					
Principal Place of Business 600 E. 25 STREET, SUITE F HIALEAH, FL 33013			Mailing Address 13200 S.W. 128 STREET, F-4 MIAMI, FL 33166		
2. Principal Place of Business		3. Mailing Address 600 E. 25 STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE F			
City & State		City & State HIALEAH, FL		01272005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 65-1083882	
Zip 33013		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TORRES, MARIA C 600 E. 25 STREET, SUITE F HIALEAH, FL 33013			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>X Maria Torres</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>01/27/2005</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTs TORRES, MARIA C 600 E. 25 STREET, SUITE F HIALEAH, FL 33013	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, RONALD 600 E. 25 STREET, SUITE F HIALEAH, FL 33013	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			SIGNATURE <u>X Maria Torres</u> DATE <u>01/27/2005</u> DAYTIME PHONE # <u>(786) 346-5154</u>		